

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Medical Assistance Program

State/Territory: Oklahoma

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*Forms Provided

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*Forms Provided

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*Forms Provided

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COMMISSION
FOR HUMAN SERVICES
Donald L. Benson, Chairman

State of Oklahoma
DEPARTMENT OF HUMAN SERVICES

Sequoyah Memorial Office Building
P.O. Box 25352
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DEPARTMENT
OF HUMAN SERVICES
George Miller, Interim Director

April 19, 1994

RECEIVED
APR 21 1994


Shirley Glaspie
Medicaid Operations Specialist
Program Operations Branch
Division of Medicaid
Health Care Financing Administration
1200 Main Tower Building
Dallas, TX 75202

DHHS/HCEFA/POB
DIVISION OF MEDICAID

Dear Ms. Glaspie:

As requested, we are forwarding the signed pages which reflect the (3) waivers currently in operation in Oklahoma. The information on these forms has been reviewed by our Medicaid staff for accuracy. We understand that the forms are for reference only and are not part of the approved plan.

Sincerely,


George Miller, Director
Department of Human Services

Enclosures



January 14, 1994

Our Reference: ME-36-2-4
xref ME-43-0-4, ME-44-1-5

Mr. Jim Igo, Acting Division Administrator
for Medical Services Division
Oklahoma Department of Human Services
Post Office Box 25352
Oklahoma City, Oklahoma 73125

Dear Mr. Igo:

Sections 2175 and 2176 of the Omnibus Budget Reconciliation Act of 1981 authorized the Secretary to waive certain Federal requirements for States. Implementation by a State of any of these waiver options affects the continued applicability of specified State Plan provisions.

Section 13100 of the State Medicaid Manual (SMM) requires that a specific form be incorporated into the Medicaid State Plan to reflect the operation in a State of Section 1915(b) and (c) waivers. The form will serve to identify those State Plan provisions which are no longer being implemented as described in the Plan due to the operation of a waiver(s).

We have generated the enclosed forms (one for each of your approved waivers) to reflect the affected State Plan provisions. Please review the forms for accuracy. If any information is incorrect, please call us and we will send you revised forms. If there are no changes, please sign and return them to us for incorporation into the front of the official copy of the approved Medicaid State Plan. These forms are for reference only and do not constitute part of the approved plan. Thus, they will precede the State Plan title page, table of contents, and preprint pages. Please retain a copy of the signed forms for incorporation into the front of your copy of the State Plan.

If you have any questions, please call me at (214) 767-6407.

Sincerely,

Shirley Glaspie
Medicaid Operations Specialist
Program Operations Branch
Division of Medicaid

Enclosures

State: OKLAHOMA

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State/Territory: OKLAHOMA

Citation

42 CFR
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As a condition for receipt of Federal funds under title XIX of the Social Security Act, the

Oklahoma Health Care Authority
(Single State Agency)

submits the following State plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this State plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

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